

der-joint is opened in the cadaver, so that the head of the humerus can slip forward, this pressure is absent. 3. Under the same conditions with the arm raised above the horizontal, the head of the humerus presses on the plexus.

The writer infers that clinically postoperative paralysis results from temporary pressure of the head on the infraclavicular portion of the plexus, due to hyperelevation of the arm, with rotation inward. He accordingly favors Holst's method of securing the arms at the sides, resting on cushions. Attention is called to the medico-legal importance of the lesion.

Benign Chorioepithelioma.—VELITS (*Zeitschrift für Geb. u. Gyn.*, Band lii., Heft 2) describes the case of a multipara, aged thirty-four years, who, a month after the excision of a vesicular mole, began to have uterine hemorrhages. A growth was removed, which was pronounced to be chorioepithelioma. The uterus was extirpated and the patient had remained well for a year.

From a study of this one and other specimens the writer concludes that spontaneous cure of these neoplasms may occur through necrobiosis, as shown by the lowered vitality and disappearance of the cells of Langhans and the appearance of wandering cells, which show the separation of the syncytium.

HAMMERSCHLAG (*ibid.*) reports only 4 cases of chorioepithelioma from the Königsberg clinic among 5000 gynecological cases, to which he adds a fifth. The patient's ages ranged from thirty-two to forty-seven years, and all had borne at least seven children. The neoplasm developed each time after a previous abortion; three after molar pregnancy, the time varying from five weeks to two and a quarter years. Three died, two being cured by vaginal extirpation. The ovaries were all diseased, usually showing cystic degeneration.

Physiological Studies of the Uterus.—FRANZ (*Zentralblatt für Gynäkologie*, 1904, No. 24) presents the following deductions regarding the uterine muscle, based on a series of experiments with rabbits as well as with human uteri examined immediately after removal: 1. In rabbits the uterus can always be excited to contract by mechanical or electric stimulation. 2. When drawn out of the abdominal cavity in the living animal and suspended it contracts spontaneously, possibly from a lowering of the temperature. 3. The virgin organ is less susceptible to stimulation than the nulliparous, and the pregnant most of all. 4. When removed from the body the uterus in the rabbit responds but slightly to electric stimulation, even when freshly excised. 5. The organ responds most vigorously to thermic stimulation (immersion in salt solution at a temperature of from 50° to 60° C.), but the muscle soon becomes relaxed. Low temperatures (0° to 5° C.) cause contractions, which increase gradually and persist for a long time. 6. A series of rhythmic contractions can be produced by electric stimulation. 7. There is no marked difference between the muscular irritability of the freshly excised uterus in the rabbit and human female, except that there is a weaker response in the latter to electric reaction, thermic stimulation having the most marked effect, even in atrophic post-climacteric uteri. 8. The freshly excised vagina in the rabbit shows a similar response to

stimuli, especially to thermic, when the contractions become rhythmical. 9. Chloral hydrate prevent the contractions in a uterus suspended *in situ*, ergotin increases the muscular irritability and tendency to rhythmical contractions, atropin has a negative effect, while nicotin produces strong tetanic contraction.

OTOLOGY.

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A Contribution to the Pathology and Pathological Anatomy of Congenital Deaf-mutism.—G. ALEXANDER (*Archiv. f. Ohrenheilkunde* Band lxi., Heft 3) reports the pathology of an interesting case of congenital deaf-mutism. The deaf-mute, who, for a long time, had been an inmate of a poor-house in his native town in lower Austria, came to Vienna and sought work. He was employed variously and had no symptoms of any disturbance of equilibrium until finally, being engaged on work on a scaffolding a few metres high, he fell and suffered an injury to his urethra (rupture of the urethra). This injury was followed by pyæmia, of which he died. The organs of hearing were obtained and showed the following pathological conditions:

1. The static labyrinth: The nerve branches and the vestibular ganglia were atrophied, and the nerve terminations showed a corresponding degree of atrophy. The neuroepithelium was found to be lower than normal and showed an evident diminution in the number of sense cells and a relative increase in the number of supporting cells. The cupulæ in the ampullæ were smaller in size than the normal and, in utriculus and sacculus, the otolith membranes and the otoliths were also smaller. The epithelial lining of the static labyrinth, aside from the neuroepithelium, was, for the most part, normal, but here and there there were diffuse or circumscribed thickenings. In places there were epithelium-lined cysts arising from the epithelial layer and projecting into either the endolymphatic or perilymphatic lumina. The whole static labyrinth and its connective nerve branches and ganglia were markedly anæmic and free from pigment. The ductus endolymphaticus, the utriculosaccular canal, and the ductus reuniens were normal. The bony capsule of the static labyrinth was normal.

2. The acoustic labyrinth: The cochlear nerve presented in its entire course an evident atrophy (about one-third of the normal), and its ganglion showed a corresponding atrophy. The grade of atrophy (hypoplasia) was not the same in all places, but varied with that found in the corresponding level of the peripheral endings. The spiral ganglion was found very different from the normal (a spiral course